

Please complete and fax 1) this form AND 2) the Registration Form for this class to 733-9875 at least one week prior to the training date.

**DOH/CAMHD and DOE/SBBHS
CROSS-SYSTEMS TRAINING**

“DISRUPTIVE BEHAVIOR PRACTICE SESSION FORM”

Note: The Practice Sessions are designed to provide additional support/training for individuals who have previously attended the 1- or 2-day Disruptive Behavior Training. The purpose of this form is to tailor the Practice Sessions to meet the needs of the participants. We will try our best to respond to your requests.

Name: _____ **Title:** _____

Date registered for the Practice Session: _____

Agency (circle one): DOE DOE-Contracted DOH DOH-Contracted

Other (please indicate): _____

Please place a “√” by the intervention(s) you would like to review/practice:

<input type="checkbox"/>	Attends	<input type="checkbox"/>	Rewards
<input type="checkbox"/>	Commands/Directives	<input type="checkbox"/>	Selective/Active Ignoring
<input type="checkbox"/>	Contracts	<input type="checkbox"/>	Time-Out
<input type="checkbox"/>	Praise	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	

What is the setting in which these interventions will be implemented?

(Circle one):

School

Home

Clinical Setting

Please indicate preferred method(s) of learning:

<input type="checkbox"/>	Didactic	<input type="checkbox"/>	Role-Play
<input type="checkbox"/>	Videos	<input type="checkbox"/>	Discussion/Case-Consultation
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	